NCLEX HEPATIC AND BILIARY PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Table of Contents

Copyright 1

Table of Contents 2

Introduction 3

How to Use This Guide 4

Questions 5

Answers 8

Explanations 10

Next Steps 15

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. During the Preicteric phase, which laboratory change is typically observed?

A. Bilirubin decreases

B. Bilirubin increases

C. ALP decreases

D. WBC decreases

2. Which of the following statements is a sign of jaundice?

A. Yellowing of the sclera

B. Frothy light-colored urine

C. Dark brown stool

D. Bluish mucous membranes

3. A patient with cirrhosis is at risk for esophageal variceal bleeding. Which finding would be most concerning?

A. Epistaxis

B. Melena

C. Hematemesis

D. Jaundice

4. In chronic pancreatitis, secondary diabetes results from dysfunction of which pancreatic cells?

A. Exocrine acinar cells

B. Islet cells

C. Duct cells

D. Endothelial cells

5. Which statement correctly describes a total pancreatectomy?

A. It removes only the tail of the pancreas.

B. It removes the entire pancreas, usually with spleen, gallbladder, common bile duct, and portions of small intestine and stomach.

C. It removes the head of the pancreas only.

D. It removes the pancreas and duodenum only.

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6. A patient with cirrhosis is admitted; which vessel delivers blood high in nutrients to the liver?

A. Hepatic artery

B. Hepatic portal vein

C. Hepatic vein

D. Inferior vena cava

7. A client newly prescribed cholestyramine (Questran). Which statement indicates a need for further instruction?

A. I will continue taking vitamin supplements.

B. This medication will help lower my cholesterol.

C. This medication should only be taken with water.

D. A high-fiber diet is important while taking this medication.

8. Lactulose is prescribed to treat hepatic encephalopathy. Which lab result would indicate the medication was effective?

A. Bilirubin <1 mg/dL

B. ALT 8 U/L

C. Ammonia 16 mcg/dL

D. AST 10 U/L

9. Which phase follows the icteric phase and indicates recovery?

A. Preicteric

B. Icteric

C. Posticteric

D. Convalescent

10. Which enzyme primarily digests carbohydrates and is secreted by the exocrine pancreas?

A. Amylase

B. Secretin

C. Lipase

D. Trypsin

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Answers

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1. B
2. A
3. C
4. B
5. B
6. B
7. C
8. C
9. C
10. A

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Explanations

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1. During the Preicteric phase, which laboratory change is typically observed?

A. Bilirubin decreases

B. Bilirubin increases

C. ALP decreases

D. WBC decreases

In the preicteric (prodromal) phase of hepatitis, liver inflammation is already underway, but jaundice hasn't appeared yet. The liver's ability to process bilirubin becomes impaired, so bilirubin begins to rise in the blood even before yellowing of the skin or eyes occurs. This makes an increase in bilirubin the most consistent early lab finding. ALP would more typically rise with cholestasis or biliary obstruction rather than decrease in this early stage, and white blood cell count isn't a defining change of the preicteric phase.

2. Which of the following statements is a sign of jaundice?

A. Yellowing of the sclera

B. Frothy light-colored urine

C. Dark brown stool

D. Bluish mucous membranes

Jaundice is yellow discoloration from elevated bilirubin in tissues. The sclera—the white of the eye—is one of the first places bilirubin deposits become visible, so yellowing of the sclera is the classic and most specific sign of jaundice. While bilirubin can also darken urine when conjugated bilirubin is excreted in the urine, or whiten stools when bile pigments don't reach the gut, the other options describe signs that aren't characteristic of jaundice (frothy, light-colored urine; dark brown stools; blue-tinged mucous membranes). Thus, yellowing of the sclera best indicates jaundice.

3. A patient with cirrhosis is at risk for esophageal variceal bleeding. Which finding would be most concerning?

A. Epistaxis

B. Melena

C. Hematemesis

D. Jaundice

In cirrhosis with portal hypertension, esophageal varices can rupture and cause upper GI bleeding. The finding that is most concerning is vomiting blood because it signals active, ongoing variceal hemorrhage and potential rapid blood loss. This situation is an emergency: it demands immediate airway protection if needed, rapid fluid resuscitation with IV access, blood crossmatch and transfusion as indicated, and prompt initiation of therapies to reduce bleeding (such as vasoactive meds) and definitive control with endoscopic variceal ligation, plus antibiotics to prevent infection in cirrhotic patients. Epistaxis can occur but is not tied specifically to portal hypertension or variceal bleeding, so it's less alarming in this context. Melena shows digested blood from an upper GI bleed, but it can reflect slower bleeding or a bleed that has already occurred; it doesn't convey the same immediacy as active hematemesis. Jaundice signals chronic liver dysfunction rather than an acute bleed.

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4. In chronic pancreatitis, secondary diabetes results from dysfunction of which pancreatic cells?

A. Exocrine acinar cells

B. Islet cells

C. Duct cells

D. Endothelial cells

In chronic pancreatitis, secondary diabetes arises because the endocrine portion of the pancreas—the islet cells—are damaged. The islets contain beta cells that produce insulin, the hormone that lowers blood glucose. When these beta cells are destroyed or impaired, insulin production drops, leading to hyperglycemia and a form of diabetes caused by pancreatic damage (pancreatogenic diabetes). Exocrine acinar cells make digestive enzymes, so their dysfunction mainly causes malabsorption and steatorrhea, not diabetes. Duct cells handle bicarbonate and enzyme transport, which also doesn't directly cause diabetes. Endothelial cells line blood vessels and aren't responsible for insulin production.

5. Which statement correctly describes a total pancreatectomy?

A. It removes only the tail of the pancreas.

B. It removes the entire pancreas, usually with spleen, gallbladder, common bile duct, and portions of small intestine and stomach.

C. It removes the head of the pancreas only.

D. It removes the pancreas and duodenum only.

A total pancreatectomy means removing the entire pancreas. Because nearby structures are intimately connected and may be involved with disease, the operation often includes removing the spleen, gallbladder, and common bile duct, and may even involve portions of the stomach and small intestine to achieve complete resection. The key idea is that every part of the pancreas is taken out, leaving no pancreatic tissue behind. This has major consequences: losing both endocrine and exocrine pancreatic functions, so the patient will require lifelong insulin therapy to control blood sugar and pancreatic enzyme replacement to aid digestion. Think of the other scenarios as smaller, partial removals. Removing only the tail is a distal pancreatectomy, removing only the head is a pancreaticoduodenectomy (Whipple procedure), and removing the pancreas with the duodenum alone does not constitute a total pancreatectomy.

6. A patient with cirrhosis is admitted; which vessel delivers blood high in nutrients to the liver?

A. Hepatic artery

B. Hepatic portal vein

C. Hepatic vein

D. Inferior vena cava

Nutrient-rich blood reaches the liver through the hepatic portal vein, which is part of the portal venous system that collects blood from the gastrointestinal tract, spleen, and pancreas. After nutrients are absorbed in the gut, they enter this portal circulation and are delivered to the liver for metabolism, storage, and detoxification before joining the systemic circulation. The hepatic artery, by contrast, supplies oxygen-rich blood to nourish liver tissue but doesn't deliver nutrients from digestion. The hepatic vein and the inferior vena cava carry processed blood away from the liver rather than into it. In cirrhosis, flow through this portal system can be impeded, leading to portal hypertension, but the vessel that brings nutrient-rich blood to the liver remains the hepatic portal vein.

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7. A client newly prescribed cholestyramine (Questran). Which statement indicates a need for further instruction?

A. I will continue taking vitamin supplements.

B. This medication will help lower my cholesterol.

C. This medication should only be taken with water.

D. A high-fiber diet is important while taking this medication.

Cholestyramine is a bile acid sequestrant that lowers LDL cholesterol by binding bile acids in the intestine, forming a complex that is excreted in the stool. Because it binds substances in the gut, including fat-soluble vitamins and some medications, proper administration is important. It should be mixed with a liquid and taken with meals, then followed by a full glass of water to help prevent constipation. It can be mixed with water, juice, or milk (not carbonated beverages), and the dose should be spaced from other medications to avoid interference. Vitamin supplements should still be taken, but usually at a different time than the resin to prevent binding. Saying it should only be taken with water suggests an incomplete instruction, because other noncarbonated liquids can be used to mix the suspension. That indicates a need for further instruction on proper administration.

8. Lactulose is prescribed to treat hepatic encephalopathy. Which lab result would indicate the medication was effective?

A. Bilirubin <1 mg/dL

B. ALT 8 U/L

C. Ammonia 16 mcg/dL

D. AST 10 U/L

The key idea is that lactulose works by lowering the amount of ammonia that reaches the brain, so the lab that best shows this effect is a decreased serum ammonia level. In hepatic encephalopathy, ammonia produced by gut bacteria accumulates because the diseased liver can't Detoxify it effectively. Lactulose isn't absorbed; in the colon it's fermented to acids that acidify the lumen. This converts ammonia (NH_3) to ammonium (NH_4^+), which cannot be absorbed as easily and is excreted, and the laxative effect speeds stool passage, further reducing ammonia production and absorption. An ammonia level of 16 mcg/dL is within the normal range (roughly 15–45 mcg/dL) and indicates that systemic ammonia has decreased, aligning with an effective response to lactulose. In contrast, bilirubin and liver enzymes like ALT and AST reflect liver cell injury or biliary function rather than the toxin-clearing action of lactulose, so they don't directly measure improvement in hepatic encephalopathy from this therapy.

9. Which phase follows the icteric phase and indicates recovery?

A. Preicteric

B. Icteric

C. Posticteric

D. Convalescent

The question tests knowledge of the hepatitis illness timeline and which phase signals recovery. After the icteric phase, bilirubin levels begin to fall and jaundice fades. This marks the start of recovery: scleral icterus diminishes, urine color returns to normal, stool color normalizes, appetite and energy improve, and liver function tests trend toward normal. This is the posticteric phase, the period of convalescence beginning as the patient moves toward full recovery.

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10. Which enzyme primarily digests carbohydrates and is secreted by the exocrine pancreas?

A. Amylase

B. Secretin

C. Lipase

D. Trypsin

Carbohydrate digestion in the small intestine is driven by pancreatic amylase, an enzyme secreted by the exocrine pancreas into the pancreatic juice. It hydrolyzes starches into maltose and other small sugars, working best in the alkaline environment provided by bicarbonate in the duodenum. Carbohydrate digestion does begin in the mouth with salivary amylase, but the pancreas provides the major enzyme for this task in the small intestine. The other options do not digest carbohydrates: secretin is a hormone that stimulates bicarbonate release, lipase digests fats, and trypsin digests proteins (being secreted as a zymogen and activated in the intestine).

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://nclexhepaticbiliary.examzify.com

We wish you the very best on your exam journey. You've got this!

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